V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12841
1. PLACE OF DEATH	(106-6)
County Caluell	Registration Dist. No.
Village or City Jane	No.
Length of residence in city or town where death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME CURRELES allen Du	ickhead
(a) Residence: No. Taus	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / / 4 COLOR-OR PACE 5 SINCLE MARRIED WINDWIND	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HU3BANO of	(Month) (Oay) (Yaar)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Dately anion	Muerelle 16, 1935, to Moverelle 28, 19 3.
6. DATE OF BIRTH (month, day, and year)	i last saw h MM alive on Kolleruker 21, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abovo, at
Of min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Julinovary Haemanhage 120 11/14/3
Solution of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tred alpha
10. Oate deceased last worked at 11. Total tima (years)	Pulmonary hamornhages/ were Lue to brone rectains
10. Oate deceased last worked at this occupation (month and 9 3 spant in this occupation for the state of the state occupation occup	and chronic Conchitis o Center
12. BIRTHPLACE (city or town) Calquel Co	Other Coatributory Causer of importance
(State or country)	- Carpile
13. NAME Charles H Buckheas	Prosenition. Tuberculosis was corefully
13. NAME Charles H Bushheas 14. BIRTHPLACE (city or town) Callett G	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Manne & Juann	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Calvert 19	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Children Mt. Buckeliag	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place triendship Date Dec. 1,1935	Nature of injury
19. UNDERTAKER A Hulchians	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO LOR 1 1935 WH Hardish	if so, specify (Signed) M. D.
Registrar.	(Address) Afranka Millings

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RINGAII V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of infor-

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

20. FILED

(Address)

mation should be carefully supplied.

CORD.

of Occupa.

Exact statement

1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred yrs. 2. FULL NAME (a) Residence: No. Moonel (Usual place of abode)	(If mos.	Registration Dist. No. 5t., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Solition of Divorced Sandy Letters		21. DATE OF DEATH RONEMBER 26, 1935 (Month) (Day) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If L	S LESS then	22. HEREBY CERTIFY, That I ettended deceased from 1956, to 19 1 lest sew h. A. Malive on
	hrs. min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onset ALL 1,11 ×s
1D. Dete deceesed last worked et this occupation (month and yeer) 11. Total time (year spent in this occupation	rs)	
12. BIRTHPLACE (city or town) Superment Isla (State or country)	end.	Other Contributory Causes of importance: Tulin
13. NAME (LIGHT) 14. BIRTHPLACE (city or town) (State or country)	and	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. DINE CONTANT ON PERCENT	land	23. If deeth wes dua to axternel causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	19	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 3 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Atlack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12843

1. PLACE OF DEATH	8
County	Registration Dist. No. 90
Village or City Analy	NoSt.,Ward
Length of residence in city or town where dealh occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 Fill Man Styl O Com &	
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORGED (write the wor	d) / / / / 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11/201	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	i last saw h; death is said
7. AGE Years Months Days If LESS th	to have occurred on the date stated above, atm. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	for the same of th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	It the same
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) anslow	Other Controllery Causes of Importance.
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Grade of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Hazny Juss (Address) Lufsby	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place St Colino. Date 7400-26, 19:	Nature of Injury
19. UNDERTAKER Throw Bross	24. Was disease or injury in my way related to occupation of deceased?
(Address) Viny mgl.	If so, specify
20 EUE 1026 26 10 35 = Al Jandon	(Signed) O 2 My Supply D.
Registre	ir. (Address) / Julie Tuding

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OLO V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

JRD. Every item of infor-

-WRITE PL.

1. PLACE OF DEATH	
County Colvert	Registration Dist. No. 52
Village or City Owngs	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 de 2 11 11 10	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CONTROL OF THE SECOND	If U.S. Veteran apecify WAR
(a) Residence: No. Wasal place of abode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED To fice the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Jenne Jime	1 HEREBY CERTIFY, That I ettended dacassed from
G-2 1879	I last saw h. alive on 2 , 192 ; death is sald
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$10Pm.
5-6 7 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence
- 8. Trade, profassion, or particular	wera as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	17.9.4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month end this content in this security in the sec	:
SAW MILL, BANK, atc.	
- i tina occupation (month one apoint in tina	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	ma until
(State or coentry)	
14. BIRTHPLACE (city or town) MICH	
4. BIRTMPLACE (city or town)	Name of operation Data of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME The state of th	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
(State of Country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) with	Spacify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ml Hannanger Lac! 135	Natura of injury
19. UNDERTAKER W. H. Hitchens	24. Was disease or injury in any way related to occupetion of deceesed?
(Addrass) Owings	If so, specify
20. FILED LOCK 1 , 1935 W H Hardesty	(Signed) And Ward M. D.
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

_____ Date of_____

	12844
	Registration Dist. No. 2
lf s.	NoSt.,Wardeath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
	Le 1f U.S. Veteran specify WAR
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH MAY 30, 1935 (Month) (Oay) (Year)
1	1 HEREBY CERT IF.Y. Thet ettended deceased from 19 1 1 last sew h 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Bonels prim me 4da
	Other Contributory Causes of importance: Character Drygg & Politics 449

LION

f9. UNOERTAKER

(Address) M

(Address) _. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Neture of injury_

If so, specify (Signed)

24. Was disease or injury In eny wey releted to

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The second secon	- m ²		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	———(3)
County Calment	Registration Dist. No. 51
Village or City Amfrighton	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (See Lyons (a) Residence: No. San Fungtow	Mardroly NSt., Ward. If nonresident give city or town and State
(Usual place of a dode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DUORCED (write the word)	21. DATE OF DEATH 9784. 16 1935 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of July / August /	22. HEREBY CERTIFY, That attended deceased from 1935, to 100, 1935
6. DATE OF BIRTH (month, day, and year) Guy 76/87 7. AGE Years Months Days II LESS than 1 day,hrs. ormin.	I last saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Wrema 3de
12. BIRTHPLACE (city or town) (State or country) Let 13. NAME And W. Lyano	Other Contributory Causes of importance be of desegra 3 9 - Ch where the rephile 1 9
13. NAME / NAME	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or couply)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Authory Com	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1, 19.35	Manner of injury
19. UNDERTAKER AT Harbehring (Address) Starming Address (Address)	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) M. Office M.
20. FILEDO V V V 1 19 19 19 19 19 19 19 19 19 19 19 19 1	(Address) Trus Freduit The

V. S. No. 1

item of infor-

CORD. Every

IS A PERMANENT RE stated EXACTLY. properly classified.

UNFADING INK-THIS

AGE should be

supplied.

mation should be carefully

-WRITE PLAINLY,

N. B.

TION is very important.

ARGIN RESERVED FOR BINDING

PHYSICIANS should state

OCCUPA-

of

Exact statement

certificate.

jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

pe

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	it is not to be build	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 13 1936	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
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V. S. No. 1

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1.	PLACE OF DEATH	107.2
	County Column	Registration Dist. No. 5/
	Village or City adelma	NoSt.,War
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosd
2	FULL NAME Caroline Height	
	(a) Residence: No. Adelines	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. §	emale Colored OR DIVORCED (invite the word)	21. DATE OF DEATH Mounth (Month) (Day) (Year)
oa.	If married, widowed, or divorced HUSBAND of William (Sugtle	22. I HEREBY CERTIFY, That I attended deceased fro
6. D	ATE OF BIRTH (month, day, and year) March 15, 1884	Hast saw her alive on November 8, 19. 35; death is sai
7. A	GE Years Months Days If LESS than	to have occurred on the date stated above, atm.
-) / 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows: Days of one
PALICA	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Guennona (Faisnellal) 11/5/3
¥.	9. Industry or business in which work was done, as SILK MILL,	
OCCU	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
12.	BIRTHPLACE (city or town) Quality (State or country)	Other Contributory Causes of Importance:
2	13. NAME asburn Smith	
FATHER	14. BIRTHPLACE (city or town). Dalset Co	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Mary Daillers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ğ	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
17.	INFORMANT Etta Geas (Address) adelina md	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Carrall Date 1/2 ,1925	Nature of Injury
19.	UNDERTAKER Wilson Messon (Address) The Strederick, Mes	24. Was disaase or injury in any way ralated to occupation of decaased?
20.	FILED 11/12 , 1935 N. Jing Registrar.	(Signed) J. E. M. M. (Address) Sandal Tedency

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroen terris Gallstones May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MOTHER

(State or country)

16. BIRTHPLACE (city or town
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

17. INFORMANT ______ (Address)

19. UNDERTAKER

(Address)

BINDING

FOR

IARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12846
1. PLACE OF DEATH County Called	Registration Dist. No.
Village or City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Multiple (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (partic the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Dey) (Year) 22. HEREBY CERTIFY, Thet I attended deceased from 19
6. DATE OF BIRTH (month, day, end year) Furt Censure 1887 7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, et. 3-3-m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) 11. Totel time (years) spent In this occupation	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows: Date of onset 134 Date of onset 134 Date of onset 135 Chaptic myseconditis; with excenders incompetence of mitral valve maitral regarditation of engage
12. BIRTHPLACE (city or town) Colours Country)	Other Contributory Canoes of Importance:
14. BIRTHPLACE (city or town)	Name of operation Date of

What test confirmed diagnosis? ______ Wes there an autopsy

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

24. Was disease or injury in any way related to occupation of deceesed?___

If so, specify
(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN
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S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH Should County Jo PHYSICIANS Length of residence In city or town where statement CORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SE) SINGLE, MARRIED, WIDOWED, PERMANENT CTL classified 5a. If married, widowed, andivorced HUSBAND of (or) WIFE of 22. V EX certificate. 6. DATE OF BIRTH (month, day, and year) properly Monto If LESS than 7. AGE stated 1 day,hrs.

8. Trade, profession, or particular

Date deceased last worked at

12. BIRTHPLACE (city or town) (State or country

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION, OR

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER

kind of work done, as SPINNER.

SAWYER, BOOKKEEPER, etc. Industry or business in which

work was done, as SILK MILL. SAW MILL, BANK, etc ...

this occupation (month and

Registration Dist. No. 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH RTIFY, That I attended deceased from to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of enset Other Contributory Causes of Importance Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury If so, specify (Signed)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

or min.

11. Total time (years)

spent in this

occupation _____

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Example I	- 11	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF state inforof OCCUPA-1. PLACE OF DEATH 12 0 IS pluods item of Village or City PHYSICIANS A PERMANENT RECORD, Every Length of residence in city or town where death occurred Exact. statement (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word classified

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. OATE OF BIRTH (month, day, and year)

C

9. Industry or business in which

10. Date deceased last worked et

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stete or country)

(State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIOEN NAME

13. NAME

17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____

work was done, es SILK MILL, SAW MILL, BANK, etc.

this occupation (month and

Months

Days

If LESS tha 1 day,----

or____min.

11. Total time (years) spent in this

occupation

Years

MARYLAND—CERTIFICAT	E OF	DEAT
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	Registration Dist. No	50
No.		St.,Ward
eath occurred in a hospital or instit	of foreign birth?yrs	
If U.S. Veteran spec	ify WAR	
St.,Ward.	If nonresident give city	or town and State
MEDICAL C	CERTIFICATE OF D	
21 DATE OF DEATH		
non	rember	28 193 6.
004700000000000000000000000000000000000	(Month) (Da	y) (Year)
22. IHEREB	Y CERTIFY, Thet	1 ettended deceased from
	., 19, to	
I last saw h elive on	- 1	death Is said
to have occurred on the date sta	h	, 10, 000111 10 0011
The PRINCIPAL CAUSE OF DEA		ortanco
were es follows:	THE CONTRACTOR OF THE CONTRACT	Date of onset
//	P	Date of onset
//	Freumon	Date of onset
//	Incumore	Date of onset
Brancho -	freumon tanded this	Date of enset
Brancho -	freumon thanded this commentions cuts	Date of enset
Brancho -		Date of enset
Brancho -	ramations Queff	Date of enset
Drongles No John she info	ramations Queff	Date of onest
Drongles No John she info	portance:	Date of onest
Broncho No John sicion No further info	portance:	Date of onest
Broncho No July Series No July Series Other Contributory Causes of Im	portance:	Date of oneset
Drongles No John Strices of Im Other Contributory Causes of Im Name of operation.	ramatios Quest	Date of oneset
Drongles No. John Strains of Manual Contributory Causes of Im Name of operation What test confirmed diagnosis?	portance:	Date of oneset
Drongles No. John School of Manager of Im Name of operation. What test confirmed diagnosis? 23. If death was due to externel c	portance: Wasses (VIOLENCE) fill In elso	Date of onest 24/3 24/3 Oate of onest
Drongles No. John Strains of Manual Contributory Causes of Im Name of operation What test confirmed diagnosis?	portance: Wasses (VIOLENCE) fill In elso	Date of onest 24/3 24/3 Oate of onest
Drongles No. John School of Manager of Im Name of operation. What test confirmed diagnosis? 23. If death was due to externel c	portance: Wasses (VIOLENCE) fill In elso	Date of oneset 24/3 24/3 Oate of oneset Date of oneset

certificate. properly be of back may See instructions on that S terms, in plain very important. CAUSE OF DEATH TION is

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury

Nature of injury

If so, specify

(Signed).

(Address)

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ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

Registrar.

Registration Dist. No. How long in U.S. If of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I ettended deceased from Data of onset Was there an autopsy? Accident, suicide, or homicide?______ Date of injury______ 19_____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

state

1. PLACE OF DEATH

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Chronic interstitial nephritisDEC 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	128,50
County Called	Registration Dist. No. 5
Village or City (Dars Loco	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?
10 1 B 40 M1	
2. FULL NAME JOSEPH Lamberth Mi	unell.
(a) Residence: No. M. A. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced 1st Katherine O. Mornett (or) WIFE of married Della D	22. 1 HEREBY CERTIFY, That I attapted deceased from
6. DATE OF BIRTH (month, day, and year) June 1, 1858	I last saw h Maliva on Danes Mer 9, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at6m.
77 3- 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
P Trade profession or particular	acute Chalerystitis Oate of meet
I Trada, profassion, or particular kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc.	Hypostatio Bronchal Cremming 10/24
Industry or businass in which work was dona, as SILK MILL,	My a cardial Facture 1/19/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) year) Occupation Little processor of work and at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Calvest Can (State or country)	Other Contributory Causes of importance:
13. NAME Dennis & Monnett 14. BIRTHPLACE (city or town) & Mull Cy	
14. BIRTHPLACE (city or town) a such Co	Name of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Ma_
15. MAIDEN NAME Larah Mariah Bawen	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Sasah Mariah Bauku 16. BIRTHPLACE (city or town) Dalmuf Co. (State or country)	Accidant, sulcide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAMENCE C. Mounest (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Placa. Lucras Date Mobile 12 19 35	Natura of injury
19. UNDERTAKER A. A. A. Hulan Van	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Address) Mutual Mid	If so, specify
20. FILED WW 11. 19. 3 - 4 Clary Sain	(Signed) M. D.
Registrar.	(Address) spark fulluch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	xample I	1	Example II	
The principal cause of dea of importance were as foll	th and related causes		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	A STATE OF THE STA	1315	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 1803	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		1
Other contributory causes			Other contributory causes of importance:	* *
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

V. S. No. 1

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	I. PLACE OF DEATH		(82-04)	
	County Calvell		Registration Dist. No. 5/	
	Village or City Austing / own		NoSt.,Wai	rd
	Length of residence in city or town where death occurredyrs.		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	ds.
	21. 1 9/	11100		
	2. FULL NAME MANY MAY MAY	- www	o. WJ	
	(a) Residence: No. All Manual Control of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write A VI CALLULE)	the word)	21. DATE OF DEATH Materials 3 , 1935 (Month) (Day) (Year)	
5a.	If married, widowed, or divorced HUSBAND of Palest B. Thorna	0	22. I HEREBY CERTIFY, Thet I attended deceased from the control of	om
	DATE OF BIRTH (month, day, and year) Au quest 5,	1873	I last saw h A alive on A A 22 M A 1955; death is sa	aid
7.		LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	6 2 0 18 or	min.	were as follows:	et
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		Ceretial Monorthege Old 1/13	0
OCCUPATION	9. Industry or business in which		Com and Malsus Mayer To 0113	25
J.	work was done, as SILK MILL, SAW MILL, BANK, etc.			
0	10. Data deceased last worked at this occupation (month end spent in this	rs)		
	year) occupation		Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town) (State or country)		Hy presettances	
2	13. NAME Richard Hailelle	1		
FATHER	and the		Neme of operation Date of	
FA	14. BIRTHPLACE (city or town)		What test confirmed diagnosis? Was there an europsy?	
ER	15. MAIDEN NAME Hannah Punis		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Calvert &		Accident, suicide, or homicide? Date of injury, 19	
Σ	(State or country)		Where did Injury occur?(Specify city or town, county and State)	
17	(Address)	7	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL CREMATION, OR REMOVAL	20	Manner of injury	
_	Place for The Date Date	, 19	Nature of injury	
19	UNDERTAKER Wilson Maron		24. Was disease or injury in any way related to occupation of deceased?	
_	(Address) Lune Fellench		If so, specify	
20	FILED/1/26, 19 35 . M. Te	ng	(Signed) Self Self M. M.	. D.
1		Registrar.	(Address)	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT 210-9/ plnods County. Registration Dist. No. 2 Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Mow long in U.S. if of foreign birth?______wrs.____mos. Length of residence in city or town where death occurred. statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or)-WIFE of-田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at ... 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation __ S 12. BIRTHPLACE (city or town) (Stata or country) supplied. in plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmad diagnosis?. ----- Was there an autopsy? MOTHER very important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, An HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL TION is CAUSE mation (Address) If so, specify (Signed) Registrar. (Address)

193

(Year)

Date of onset

(Day)

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. z.

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Chronic interstitial nephritis	JAN 2 -000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The second second	July 5 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				•